

Personnel Action Form

Transaction Codes: 03, 07, 08, 17, 19, 91 94, CM

***EMPLOYEE ID**

***JOB NO.**

***EFFECTIVE DATE**

MM/DD/YYYY

EMPLOYEE'S CURRENT INFORMATION:

***First Name**

MI

***Last Name**

Suffix

***Jurisdiction Code**

***Jurisdiction Name**

***Jurisdiction Department**

***Title Code**

***Title Name**

PERSONNEL ACTION INFORMATION:

***Transaction Code**

**Request
Reason Code**

***Appointment
Type**

WTP Start Date

Qualifying Exam Date

Certification No.

Exam Symbol No.

N.J.A.C. Date

Special Legislation Citation

**Canvassed
List Y/N**

***Title Code**

***Title Name**

License Code

Work Week Hrs.

***Salary Range
Minimum**

***Salary Range
Maximum**

***Base Salary**

**Extra Salary or
Pay Amount**

***Comp. Method**

**DPF-31B
Sent Y/N**

**Signature
Sent Y/N**

Part Time %

Appt. Duration

Interim Replaced Emp. ID

IA Thru Date

*** Essential
Emp. Y/N**

Comments

AUTHORIZING SIGNATURES:

Employee: Required for voluntary demotions.

SIGNATURE OF EMPLOYEE: _____

DATE: _____

The Appointing Authority takes responsibility for informing the employee and accepts responsibility for the accuracy of this request. Signature of Appointing Authority is required if submitted by US mail; courier or facsimile. Signature is not required if form is submitted electronically.

Appointing Authority: I certify that the action requested conforms to Merit System Rules and Regulations. This request has been made in accordance with legal requirements.

SIGNATURE OF AA: _____ DATE: _____ TITLE: _____

FOR APPOINTING AUTHORITY USE: X _____ X _____

SUBMIT TO: CAMPS.Forms@DOP.state.nj.us or the NJ Department of Personnel; CAMPS Forms, PO Box 354 Trenton, NJ, 08625-0354